

## FOR OFFICIAL USE ONLY

## SYSTEM ACCESS REQUEST

**THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS).  
IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM.  
ONLY ONE USER PER FORM. SEND COMPLETED FORM TO DASC-O (ISSO).**

## PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 10540. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50 DLA-I, Individual Access Records, applies.

**PRINCIPAL PURPOSE(S):** Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS). The provided information is used to ensure that only authorized personnel have access to this system.

**ROUTINE USE(S):** Information from this system may be disclosed for any of the DLA blanket routine uses.

**DISCLOSURE:** Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

## 1. TYPE OF ACTION REQUIRED ("X" one)

☐ NEW USER      ☐ USER WITH ASSIGNED USERID  
(Input USERID in Block 2 below.)      ☐ DELETE USER      ☐ REASSIGNED/MOVED

OFFICE SYMBOLS  
FROM \_\_\_\_\_ TO \_\_\_\_\_

## 2. USERID

## 3. NAME (Last, First, Middle Initial)

## 4. OFFICE SYMBOL

## 5. OFFICE TELEPHONE NUMBER

a. COMMERCIAL  
(    )

b. DSN

## 6. DLA USER?

☐

YES

☐

NO

## c. BUSINESS MAILING ADDRESS

## 7a. REQUESTING SUPERVISOR

## a. SOCIAL SECURITY NUMBER

## b. CONTRACTOR

☐

YES

☐

NO

## b. E-MAIL ADDRESS

## c. E-MAIL Extension

## 8. SYSTEM TO BE ACCESSED

a. HQDLA LAN:  
(“X” one box only)☐

DLSC

☐

FO/GC

☐

DCMC

☐

CA

☐

DASC

b. MID-TIER:  
(More than one  
box may be “X’d”)☐

DLAHP1

☐

DLAHP2

☐

DLAHP3

☐

DLAHP5

☐

DLAA1

☐

DLAA2

☐

DLAA3

☐

DLAA4

☐

SCO1

☐

SCO3

☐

SCO5

c. IPC COLUMBUS:  
(More than one  
box may be “X’d”)☐

M204

☐

T204

☐

TSO

## d. SPECIFY APPLICATION:

## 9. OTHER SYSTEMS (Indicate in 10.e. type of function, i.e., inquiry, update, etc.)

## a. SAMMS (All Centers)

## c. WEAPONS (All Centers)

## b. LOGRUN (DLIS)

## d. MOCAS

## e. TYPES OF FUNCTIONS (Specify) (Use additional sheets if necessary.)

10. TERMINAL AREA SECURITY  
OFFICER (TASO)

## a. NAME (Last, First, Middle Initial)

## b. E-MAIL ADDRESS

## c. E-MAIL Extension

## d. DATE

## e. SIGNATURE

## 11. DASC-O

a. E-MAIL ADDRESS  
ISSOmail@hq.dla.mil

## b. E-MAIL Extension

## c. DATE

## d. SIGNATURE